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**News from the Washington State
Department of Health, Tobacco
Prevention and Control Program**
What's new on the tobacco front?

Follow-up from the contractor's meeting

It has been more than a month since the Contractor's Meeting, so I want to apologize for the delay in answering the many questions forwarded to the program. As you can imagine, the end of the biennium scramble has been keeping us all very busy. In addition, the program is gearing up for reviewing the Activity Work Plans due on June 8, implementing CATALYST, and preparing for the Youth Summit on June 27-28.

About the Contractor's Meeting: I am pleased with the way it came together. Based on the evaluations, the information we provided was well received and contractors valued the opportunity to share information. Next year's meeting may take a different form to match the evolution of our work. Until then, we will hold meetings in ESD regions to support collaborative efforts between counties, schools and community-based agencies.

We are still waiting for budget news from the Legislature. Until then the assumption remains that funding for the next fiscal year will remain at the \$15 million level.

I hope the following Questions and Answers are informative for everyone. If your question was not answered please contact your contract manager. I am pleased to introduce Larry Champine as the new Public Information Officer for the Tobacco Prevention and Control Program. He will be handling the newsletter from here on out (Whew!), and I am very optimistic that it will include much timely and useful information.

Terry Reid, Program Manager

Youth summit registration extended

We still have room for young tobacco prevention activists who want to attend **Outrage 98119** at Seattle Pacific University on June 27 and 28. The event provides youth and young adults ages 14-25 with a chance to get together, celebrate successes, plan future efforts, learn from tobacco prevention experts and have a good time. It's free, but space is limited. For further information and to register go to www.outrage.avenue.com/

Questions and answers from the contractor's meeting

We have combined similar questions and edited others for length. If you feel your question has not been answered, or if you have further questions, we encourage you to contact your contract manager. Their contact information is listed at the end of this newsletter.

What are the plans for promoting the Quit Line? What services are being offered to Quit Line callers? What efforts are being made to address/support Hispanic/minority populations in cessation programs?

We plan to continue promoting the Quit Line with a statewide media campaign. Additionally, we will increase our effort to inform health care providers about the Quit Line. Quit Line callers receive up to 45 minutes of counseling over the telephone and a free Tobacco Quit Kit. If they receive Medicaid or are uninsured they can be placed in the Free and Clear program entitling them to 5 follow-up calls, and if there are no medical constraints, they can receive Nicotine Reduction Therapy. We provide Quit Kit materials in Spanish for the Hispanic community. Spanish-speaking operators are always on duty during Quit Line operating hours.

Is the NRT (Nicotine Reduction Treatment) program temporary?

The NRT program offered through the Quit Line for uninsured and Medicaid callers is an ongoing program. It is not temporary.

Will training for health care providers in the brief intervention be available to counties/communities at little or no cost, or will LHJs (Local Health Jurisdictions) need to organize and financially support these programs?

DOH will provide training for local instructors through its training center starting in 2002. Local programs will be responsible for organizing health care provider courses in their area.

Have the sites been selected for the WIC cessation pilot?

We are exploring options for implementing cooperative efforts with WIC. We had a chance to present information about the Quit Line at the state WIC meeting in May 2001. Our first priority is to implement the tobacco cessation brief intervention with MSS clients, eighty percent of which also receive WIC. Then we will work with WIC on serving post-partum women.

Do we have an idea of what the performance indicator for MSS (Maternity Support Services) providers looks like?

It will be developed this summer for implementation in July 2002. The indicator will address providing the brief intervention for tobacco cessation.

Can I get a break-down of Quit Line calls: number of calls, number of smokers who received services, number of calls for our county?

Monthly totals for Quit Line calls received in each county are posted on the web. All other quit Line statistics are available only as statewide totals.

You should make available to all contractors a copy of Quit Kit materials that callers receive. I am a much bigger booster of the Quit Line since I requested a kit for myself and saw the quality of the materials it contained.

We encourage all contractors to take your approach and call the Quit Line at 1-800-270-STOP to request a kit. We have received many positive comments about the kits and would like our

contractors to see them. Kits are offered to callers who plan to quit smoking within 30 days of their call.

Could you establish a link from the Tobacco Prevention website to HERE? It would allow us to send our products there to share with those who want them and post notices of upcoming opportunities for resources.

You can reach HERE (the Health Education Resource Exchange) at <http://www.doh.wa.gov/HERE/materials/materials.asp?ID=103&NAME=Tobacco>. You are always welcome to add your items to that list. You will find a link to a form at the bottom of the web page that you can use to submit your materials. HERE is another great resource for prevention work. Creating a direct link to HERE from our Tobacco web pages is an excellent idea.

Where can we access/purchase items with the anti-tobacco message?

The clearinghouse will have message pens available in June. For other items with tobacco prevention messages, you can check commercial vendors such as Minnesota's State of Health (www.buttout.com) and Ad Busters (www.adbusters.org) to purchase items. Other inexpensive sources are the California Tobacco Education Clearinghouse (catalogue available at 831-438-4822 ext. 230 or ext. 103, and the Arizona Clearinghouse (catalogue available at 800828-7774).

Suggestion: DOH should brainstorm with contractors a list of ways to use the clearinghouse items and share the list with community partners.

Great suggestion. We will get input from the clearinghouse focus group on how to use the various items and then distribute that list to all contractors.

In Snohomish County we collaborated with county officials to put paycheck stuffers in all 2,500 county employees' pay envelopes. When we ordered stuffers we were limited to 100. Is it possible to get more?

Exceptions can be made if you need to exceed the limit listed for clearinghouse items. To receive additional items, contact Carla Huyck and let her know your plan for distributing the items.

Do we have more information at the clearinghouse regarding smokeless tobacco prevention and cessation?

Three pamphlets are available through the clearinghouse: "Smokeless tobacco," "Smokeless tobacco – your habit, your life" and "Spitting into the wind."

Now that we know smokeless tobacco use is high in our state, will we have ads regarding smokeless tobacco?

This summer we will begin airing two new television ads and one new radio ad addressing smokeless tobacco use.

Is there a way to know how billboard ads are scheduled for our county?

Last December we mailed each contractor a list of billboard locations for their area. Billboard ads will remain in place through June. If we decide to place further billboard ads after June, we will send you the new location information.

Can we get copies of the theater ads?

The theater ad campaign is coming to an end, but you can discuss this, or any other local media plans you have, with your contract manager.

When will “social responsibility” training be available?

We are currently developing social responsibility training for both youth and adults that will integrate into and complement our overall tobacco prevention efforts.

How are the directors of the HEAT program doing out-reach to the user population.

The best source of information about Skagit HEAT is Skagit County Tobacco Prevention Coordinator Carol Wetherill. You can call her at Affiliated Health Services 360-856-7383 or e-mail at cwetherill@affiliatedhealth.org

What is being done to improve the enforcement of tobacco laws? We need more help in this area.

Effective enforcement is a great challenge, and it will take all partners including communities, schools, and law enforcement to discover and implement creative solutions. Forming these types of partnerships is something we have asked contractors to emphasize in the work plans they are now submitting. Each community is unique and the solution may look very different from community to community. We will look closely at the approaches that produce progress and share them with the contractor community.

Why are tribes allowed to take more creative approaches than rural communities to solve their tobacco problems?

Tribal and other racial, ethnic and cultural communities are allowed greater flexibility because there are few culturally appropriate “best practices” for Native American Communities. More is known about effective strategies in “mainstream” communities. The DOH plans to explore the unique needs of rural communities as part of its long range planning to address disparities.

How about creating an “Eastside” or regional Youth Work Group to give rural areas a louder voice in tobacco issues?

Tobacco prevention in rural areas is receiving increasing attention both in Washington and nationally. We are looking at a number of ideas to more directly address the issue, including holding regional tobacco conferences. The idea of an Eastern Washington/rural task force is one that certainly warrants further attention. Thanks for the suggestion.

How did youth, adults, and pregnant women become the target groups? Why were Native American populations not included? How are public services reaching out to the Native American population?

DOH's Tobacco Prevention and Control Council identified youth grades 4-9, adults who are ready to quit using tobacco and pregnant women as its target populations for the first three years of the state's tobacco plan. These groups were selected based on the high rates of tobacco use within these groups, and DOH's ability to reduce these rates in the first three years. To reduce rates among the target groups within American Indian and other disparate populations, DOH will provide culturally and linguistically appropriate activities and materials. DOH also will ensure that all county and ESD contractors address disparities through their annual activity plans. DOH's Tobacco Prevention and Control Program will soon establish a Cross Cultural Workgroup on Tobacco to develop a short and long-term strategies for addressing disparities statewide.

The Native American Indian has the highest tobacco use of any group in Washington State. Where is the funding for cessation and prevention?

Washington State relied heavily on experiences in Oregon when it developed the state's Tobacco Prevention and Control Plan. As in Oregon, DOH directed approximately \$6.00 per capita (using user population figures) to federally recognized Washington tribes in recognition of tribal sovereignty. Tribes receive a larger per capita amount than most counties because "mainstream" media and school activities are not likely to impact tribal communities significantly. Following the recommendation of the American Indian Health Commission of Washington (AIHC), 30 percent of the funds awarded to tribes were distributed equally to all federally recognized tribes and 70 percent were distributed on a per capita basis. DOH is assessing whether funding for tribes might be increased and/or if funds need to be distributed differently to ensure smaller tribes have sufficient funds to operate smoking prevention programs.

Is the Native American Indian student considered a hard if not impossible to reach population?

Tribal youth attend both tribal and non-tribal schools. Given the lack of culturally appropriate strategies and materials for teaching Native American youth, and the relationship between tribal adults and non-tribal school systems, it is likely that the most effective way to reach tribal youth is through tribal programs.

How can we obtain a copy of the Washington State Behavioral Study?

I believe you are asking for data from the Washington State Behavioral Risk Factor Surveillance System (BRFSS), an annual telephone survey that collects information about a variety of health practices among Washington residents. We attempted to summarize all available BRFSS data related to tobacco in the 2000 "County Profiles" report, which will soon be available online. We will update the report when we get 2000 BRFSS data in a few weeks. A new statewide profile will then be completed and made available to you on the web.

Will CATALYST be able to manage school data for analysis on the community, county, ESD, or tribal levels?

CATALYST will collect and process data for use in work plans in ESDs and communities. CATALYST is available and will work for tribes also, but it is not required for tribes. It will capture pre/post-test outcomes for certain targeted activities, regardless of where they happen (communities, schools, tribes). This part of the system is being released in Phase II -- late summer 2001.

Reports can be generated for data collected by region (such as all community/school/tribe activities within an ESD region), contractor, county, specific population group, or activity type. We designed the system to provide maximum flexibility in reporting, to meet as many specific needs for local people in reporting to stakeholders as we could think of or heard about.

After the initial release of CATALYST, we plan to make system upgrades to accommodate our contractor's additional ideas for improvement. This will be Phase III -- beginning in late 2001, and probably an ongoing process.

How much ongoing support will be available for CATALYST? Will CATALYST data be used in conjunction with other state data, VISTA, CHS, etc.

We will have ongoing trainings for CATALYST, and updates for user groups. We plan to continue to have training and on-site or remote TA available for all users. During early implementation, we anticipate tons of questions and challenges, and we hope to have plenty of “people support” to address a variety of user needs.

CATALYST is a process indicator and short-term outcome data collection system. It tells us what you plan to do locally, what you get done, and some of the early effects of your activities (for example, pre/post data from a training or intervention program). We will compare data collected in CATALYST to results from telephone and school-based surveys, to identify ‘what happened’ in areas of the state where the biggest attitude and behavior changes are observed. This will help us to more clearly define “best practices” for implementation in a variety of community and school settings.

Other health outcome surveillance systems, like VISTA (a software program that allows people to calculate local rates and percentages for birth/death certificate data, and hospitalization data), will be crucial in looking for longer-term health impacts from our behavior change. We would like to work with users who are interested in monitoring shorter-term health outcomes, such as asthma hospitalization rates for children, or low birth weight births. Because even short-term health impacts are measured by data that take time to be released into the systems (for example, we are just getting the 2000 birth and death data now), this is probably a longer-range activity. We don’t want to examine these data before any reasonable impact could be seen.

When will the rural/urban data be available? Do we know what the Oregon Strong Community programs include and what moderate school and programs look like? Can you give us the “answer” to outcome-based Planning Activity as an example in planning? Can you send a sample of the program impacts, goals, objectives, activities, and output tree samples with connections for us to take back to our boards for planning? Is there any way to analyze data from year one without it entering the year 2 pool?

Again, we apologize for our release of the county-based telephone survey data being far later than we had hoped for due to ongoing staff shortages in the evaluation program. We should be able to release this data in late June 2001. First you will receive it by email for proofing, and then we will post it to the DOH website.

We do communicate with Oregon program staff, and have modified some of their assessment tools for use in schools. We are in ongoing communication with them to define what “strong” programs look like – a scale for assessment of community programs is in the works, based on their model, but we need to modify it because there are significant differences in our community activities and theirs. They have different state policies and no preemption, so their local activities are very policy-passage driven, which is not possible for us right now.

We will post the “answer” and other supporting materials from the conference on our “secret” website for your use: www.doh.wa.gov/tobacco/contractors_tools.htm (remember you have to type it in exactly, and then bookmark it for future use – there are no buttons to lead you there).

If may be possible to enter Year 1 data into the CATALYST system as part of our pilot test for Phase II (short-term outcomes evaluation). If you have data from evaluations that you would be willing to share, or have entered into the system during pilot, please contact our office. We will not try to enter workplan data from Year 1 into CATALYST, because this would be a huge burden on both local and state programs. Year 1 (statewide) was primarily focused on capacity-building, and Years 2+ will be implementation years, so although it would have been good to capture data if it had been possible, the lack of Year 1 data is not a crisis.

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Future newsletters

Now that we have worked our way through the questions submitted after the statewide contractor's meeting we will return to our normal newsletter format with one important change. We will distribute future newsletters twice each month. By sending them more often we hope to make the information you receive more timely and less time consuming to read.

As the new editor of this newsletter and the newest member of the Tobacco Prevention and Control Staff, I want you to know that I am pleased and excited to be a part of the fight against tobacco use. I am looking forward to working with you. Please let me know what we can do to make this newsletter useful to you. All suggestions are welcome.

Larry Champine

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